

**BOARD OF BAR EXAMINERS  
OF THE DELAWARE SUPREME COURT**

405 North King Street, Suite 500  
Wilmington, DE 19801  
(302) 651-3951  
ARMS\_BBE@delaware.gov

**FORM A:  
PHYSICAL (NON-VISUAL)/AUDITORY DISABILITY VERIFICATION**

**NOTICE TO APPLICANT AND AUTHORIZATION**

You must complete this part of the form. The rest of the form must be completed by the qualified professional who is recommending testing accommodations on the Delaware Bar Examination for you on the basis of a physical (non-visual)/auditory disability (as defined in the Americans With Disabilities Act of 1990, as amended). Read, complete, and sign below before submitting this form to the qualified professional for completion of the remainder of this form.

**Full Name:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

I give permission to the qualified professional completing this form to release the information requested on the form, and I request the release of any additional information regarding my disability or accommodations previously granted that may be requested by the Board of Bar Examiners of the Delaware Supreme Court.

I hereby release, discharge, and exonerate (i) the Board of Bar Examiners of the Delaware Supreme Court and its agents and representatives, and (ii) the qualified professional and their agents and representatives completing this form, from any and all liability of every nature and kind arising out of the furnishing of information, or out of the investigation made by the Board of Bar Examiners of the Delaware Supreme Court.

I am not required to sign this form in order to receive treatment from the qualified professional. When my information is used or disclosed pursuant to this authorization, it may be subject to redisclosure by the recipient and may no longer be protected by the federal HIPAA Privacy Rule or state law. I have the right to revoke this authorization in writing except to the extent that the qualified professional has acted in reliance upon this authorization. My written revocation must be resubmitted to the privacy officer at the address of the qualified professional.

Date:

Signature:

## **NOTICE TO QUALIFIED PROFESSIONAL**

The above-named person is requesting accommodations on the Delaware Bar Examination ("Bar Exam"). All such requests must be supported by a comprehensive evaluation report from the qualified professional who conducted an individualized assessment of the applicant and is recommending accommodations on the Bar Exam on the basis of a physical (non-visual)/auditory disability.

The Board of Bar Examiners of the Delaware Supreme Court (the "Board") also requires the qualified professional to complete this form. If any information requested in this form is fully addressed in a comprehensive evaluation report, you may respond by citing the specific page and paragraph where the answer can be found. Your assistance is appreciated.

The provision of reasonable accommodations is based on assessment of the current impact of the disability on the specific testing activities on the Bar Exam. The Board generally requires documentation from an evaluation conducted within the past year because of the changing manifestations of many physical (non-visual)/auditory disabilities. Older evaluation reports may suffice if supplemented by an update of the diagnosis, current level of functioning, and a rationale for each recommended accommodation or an explanation of why the report continues to be relevant in its entirety.

Confidentiality policies of the Board will be followed regarding its responsibility to maintain confidentiality of this form. No part of the form or the diagnostic report will be released without the applicant's written consent or under the compulsion of legal process. The Board is authorized to and may seek assistance from qualified professionals in reviewing the applicant's request for testing accommodations, and may forward or disclose information you provide to such professionals for their consideration.

**Print or type your responses to the items below, and return this completed form, the comprehensive evaluation report, and relevant records to the applicant for submission to the Board. Thank you again for your assistance.**

## **I. EVALUATOR/TREATING PROFESSIONAL INFORMATION**

**Full Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Occupation & Specialty:** \_\_\_\_\_

**License Number/  
Certification/State:** \_\_\_\_\_

## **II. DIAGNOSIS AND CURRENT FUNCTIONAL LIMITATIONS**

- 1. What is the specific diagnosis (including diagnostic code) for which the applicant requests testing accommodations?**

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- 2. Describe the nature of the physical (non-visual)/auditory disability. Include a history of presenting symptoms, date of onset, and description of the duration and severity of the disability.**

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3. When did you first meet with the applicant?

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4. When was the applicant's physical (non-visual)/auditory disability first diagnosed?

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5. Did you make the initial diagnosis?

\_\_\_\_\_ Yes

\_\_\_\_\_ No

If no, provide the name of the professional who made the initial diagnosis and when it was made, if known. Attach copies of any prior evaluation reports, test results, or other records related to the initial diagnosis that you reviewed.

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6. When was your last complete evaluation of the applicant and what was the applicant's physical/auditory status at the time?

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7. Is this a permanent disability?

\_\_\_\_\_ Yes

\_\_\_\_\_ No

If no, do you have an expectation, to a reasonable degree of medical certainty, as to how long the disability is likely to continue to cause a substantial limitation?

\_\_\_\_\_ Yes

\_\_\_\_\_ No

If yes, when?

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**8. Does the severity of the disability fluctuate?**

☐ Yes

☐ No

**If yes, describe the settings or circumstances affecting severity that are relevant to taking the Bar Exam.**

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**9. Describe the applicant's current functional limitations and explain how the limitations restrict the condition, manner, or duration under which the applicant can take the Bar Exam.**

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**10. Briefly describe any treatment, including any prescribed medications, and the effectiveness of treatment in reducing or ameliorating the applicant's functional limitations.**

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**11. Have you attached a copy of the comprehensive evaluation report and all records and test results on which you relied in making the diagnosis and recommending accommodations for the Bar Exam?**

☐ Yes

☐ No

### **III. RECOMMENDED ACCOMMODATIONS**

The Bar Exam is a timed, written examination in three parts administered over the last Monday, Tuesday, and Wednesday of July of each year.

- On Tuesday morning, applicants take the Multistate Performance Test (“MPT”) prepared and administered by the National Conference of Bar Examiners (“NCBE”), which contains two sections designed to test an applicant’s ability to complete certain fundamental tasks all new lawyers should be able to accomplish regardless of the area of law in which the tasks arise. The MPT requires applicants to perform tasks that will involve reading provided materials and drafting a short written document, and may also involve taking notes. Absent accommodations, the MPT is administered over a single three hour testing session and both items must be completed within that time.
- On Tuesday afternoon, applicants are given four essay questions designed to test their ability to take hypothetical fact patterns involving areas of law relevant to Delaware practice and identify, analyze, and explain the legal issues raised by those fact patterns. Absent testing accommodations, applicants receive a set of four essay questions, and must respond to the essay questions in three hours. Most applicants use computer software called ExamSoft to input their essay answers on a keyboard and review on a computer screen, but a small number of applicants still write their essay answers out by hand in exam booklets.
- On Wednesday, applicants take the NCBE’s Multistate Bar Examination (“MBE”), a 200-question multiple choice test designed to test an applicant’s substantive knowledge of six areas of law. Applicants give their answers to the questions by filling in circles on a printed form that is then scanned by a machine for scoring. Absent accommodations, the MBE is divided into morning and afternoon sessions, each three hours in length and covering 100 questions.

Applicants are assigned seats in the testing room. The testing room consists of eight foot tables and two applicants are assigned to each table. Absent accommodations, the only items applicants are allowed to bring with them into the testing room are their laptop computers (if they are using ExamSoft to input their essay answers), and water in a clear plastic bottle.

The Bar Exam is administered in a quiet environment. During a test session, applicants may leave the examination room only to use the restroom or drinking fountain, and they must do so within the time allotted for the test session.

**Taking into consideration this description of the Bar Exam and the functional limitations currently experienced by the applicant, what testing accommodations (or**

accommodations, if more than one would be appropriate) do you believe, to a reasonable degree of medical certainty, are necessary in light of the applicant's disability? Please mark all that apply.

\_\_\_\_\_ **Examination Format**

\_\_\_\_\_ Large Print – Please specify font size \_\_\_\_\_  
\_\_\_\_\_ Other: \_\_\_\_\_

\_\_\_\_\_ **Physical Assistance**

\_\_\_\_\_ Reader; Screen reader  
\_\_\_\_\_ Typist or voice recognition computer for essays  
\_\_\_\_\_ Other: \_\_\_\_\_

\_\_\_\_\_ **Extended Time**

Specify the amount of additional time requested for each session of the examination. Indicate why the additional specified time is needed (based on the diagnostic evaluation) and the rationale for recommending the amount of time for each portion of the examination. Breaks are included in the timed portion of the examination. The Board does not grant requests for unlimited time.

**Essays**

Standard Length: One half day, consisting of one 3-hour sessions

Extended Time \_\_\_\_\_ 10% \_\_\_\_\_ 25%

Requested: \_\_\_\_\_ 50%  
Other: \_\_\_\_\_

Rationale: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Multistate Practice Test**

Standard Length: One half day, consisting of one 3-hour session

Extended Time \_\_\_\_\_ 10% \_\_\_\_\_ 25%

Requested: \_\_\_\_\_ 50%

Other: \_\_\_\_\_

Rationale:

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**Multistate Bar Examination**

Standard Length: One full day, consisting of two 3-hour sessions

Extended Time \_\_\_\_\_ 10% \_\_\_\_\_ 25%

Requested: \_\_\_\_\_ 50%

Other: \_\_\_\_\_

Rationale:

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**Test Environment**

Identify the accommodation(s) to the test environment needed and the reason why based on an submitted medical or diagnostic evaluation.

\_\_\_\_\_ Orthopedic/Mobility Needs

\_\_\_\_\_ Small Group

\_\_\_\_\_ Private Room

Other: \_\_\_\_\_

Rationale: \_\_\_\_\_

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#### **IV. CERTIFICATION**

I certify that I have attached copies of all records, test results, or reports that I relied upon in making this diagnosis and completing this form, and that the information on this form is true and correct based upon the information in my records.

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Date

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Signature of Qualified Professional